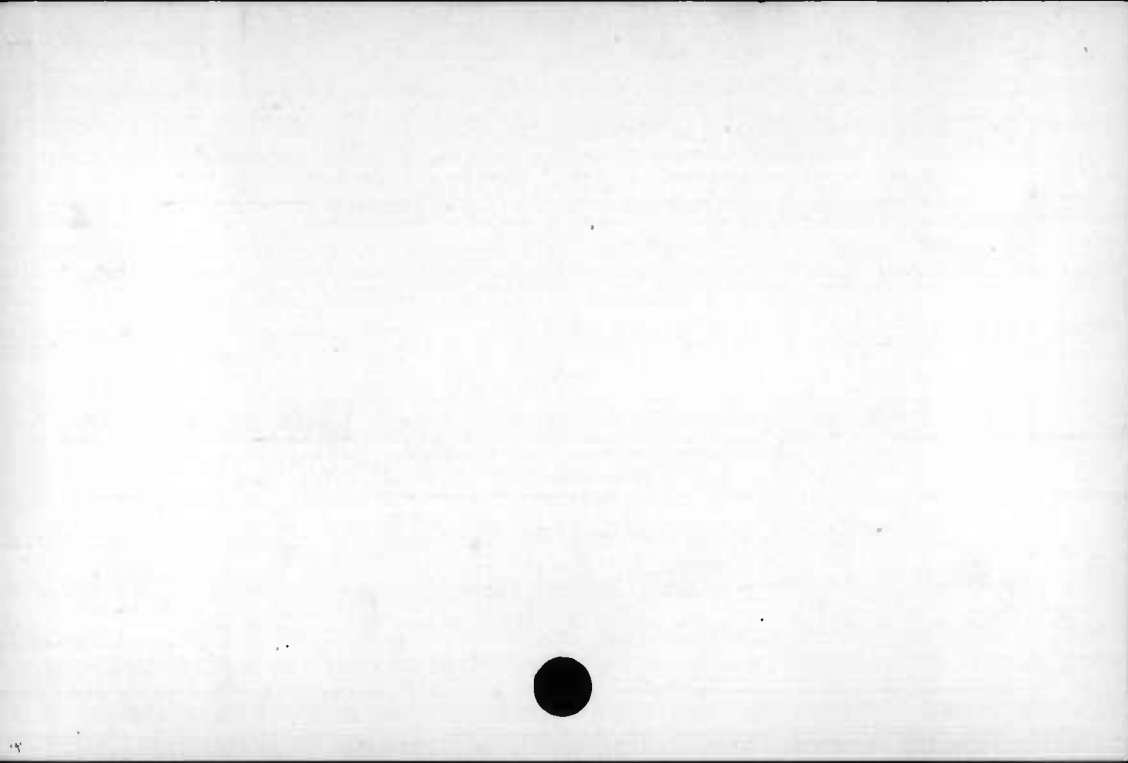


Name in Full		James L. Beauchamp				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND		
		Date of death		Month	Day	Years	Months	Days
		Sex		Color or Race		Birth-place		
		Occupation		Where Residing if not at place of death				
		Married, Single or Widowed		Name of Wife or Husband				
PHYSICIAN OR CORONER		Father's Name				Father's Birthplace		
		Mother's Maiden Name				Mother's Birthplace		
		Name of person giving information				How related to deceased		
		CAUSES OF DEATH				40		
		Primary				How long		
Immediate				How long				
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician				
				Address				
Accident or Suicide?								



Name  
in  
Full

*Dora F Bennett*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

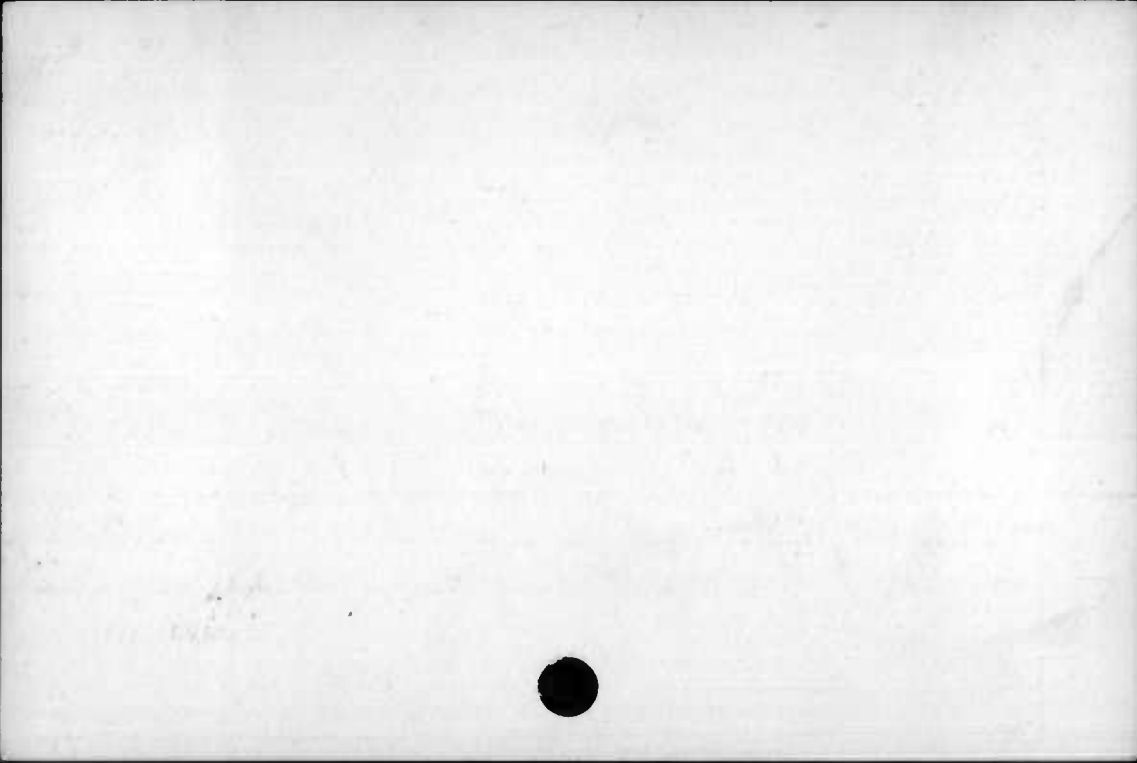
Died at <i>Shaplow</i> <sup>Town</sup>		<i>Wicomico</i> <sup>County</sup>		MARYLAND	
Date of death	<i>190</i> <sup>Month</sup> <i>3</i> <sup>Day</sup> <i>2</i>	Age	<i>1</i> <sup>Years</sup>	<i>8</i> <sup>Months</sup>	<i>25</i> <sup>Days</sup>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Shaplow</i>
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		<i>William M. Bennett</i>		Father's Birthplace	
Mother's Maiden Name		<i>Nellie A. Robinson</i>		Mother's Birthplace	
Name of person giving information		<i>Wm M. Bennett</i>		How related to deceased <i>Father</i>	

CAUSES OF DEATH

**100**

PHYSICIAN  
OR CORONER

Primary	<i>Ulcerative Stomatitis &amp; Bronchitis</i>	How long	<i>6 days</i>
Immediate	<i>Cardiac failure</i>	How long	<i>1 hour</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>W. K. Garrison</i>	
		Address	
		<i>Shaplow - Md.</i>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *William J Bishop* Town *near Pawmoke city* County *Morristown*

Died at *near Pawmoke city* MARYLAND

Date of death *1908* Month *March* Day *4* Age *60* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Morristown Co*

Occupation *Farmer* Where Residing if not at place of death *near Pawmoke city*

Married, Single or Widowed *Married* Name of Wife or Husband *Clara Schofield*

Father's Name *James Bishop* Father's Birthplace *Morristown Co*

Mother's Maiden Name *Rosa Evans* Mother's Birthplace *" "*

Name of person giving information *Edward Morton* How related to deceased *Neighbor*

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary *Apoplexy* How long *at once*

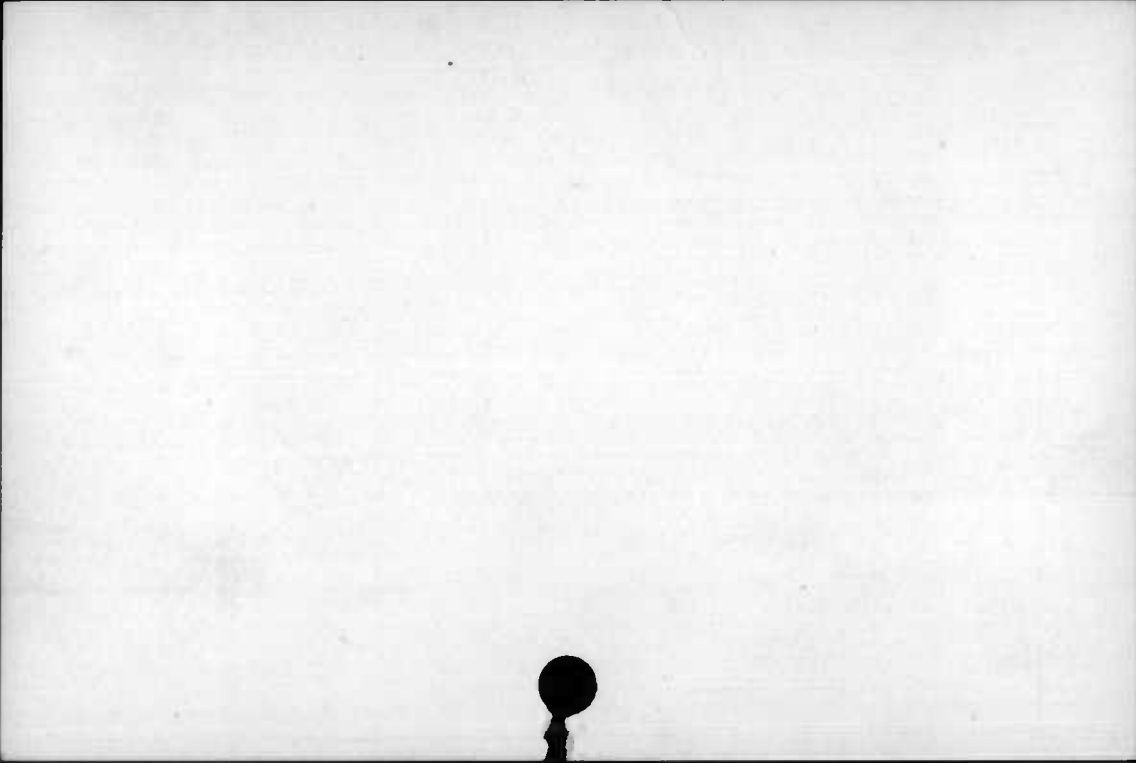
Immediate *Paralysis* How long *a few moments*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Samuel L. Linn*

Address *Pawmoke city Md*

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

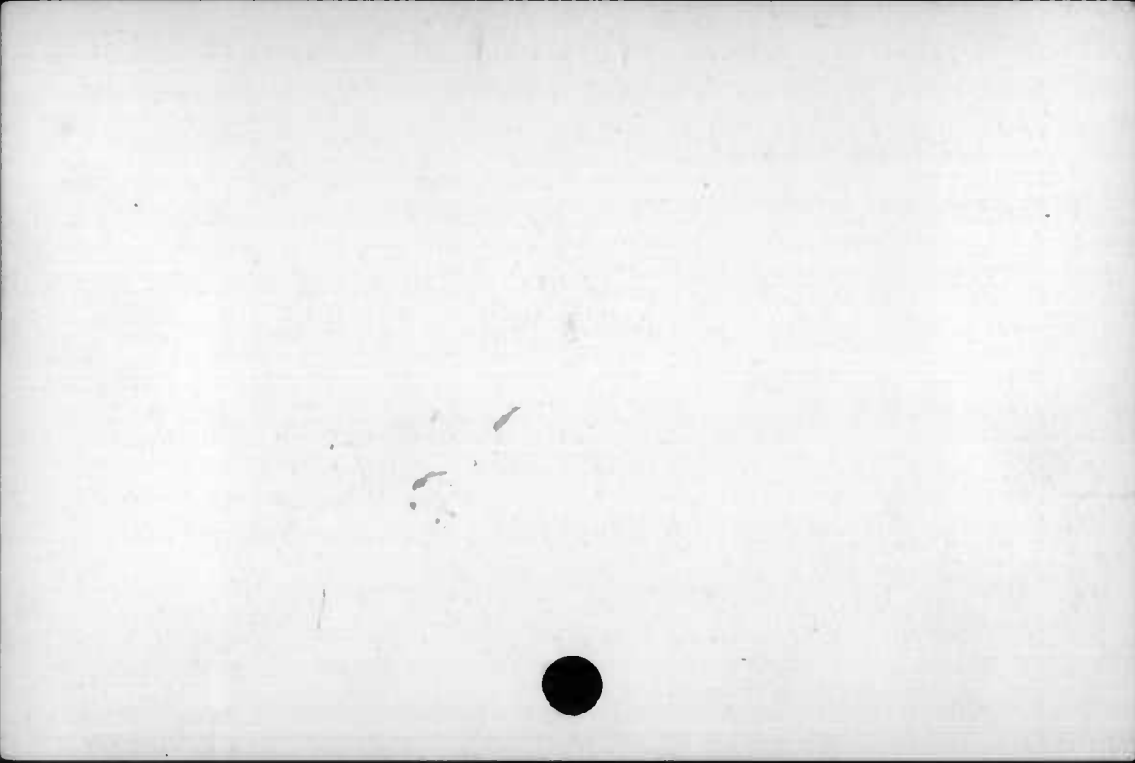
Name <i>Dwight E. Blount</i>		Town <i>Nauticus</i>		County <i>Wicomico</i>		State <b>MARYLAND</b>	
Died at <i>Nauticus</i>		Month <i>Mar</i>		Day <i>16th</i>		Age <i>40</i>	
Date of death <i>1908</i>		Months <i>9</i>		Days <i>24</i>			
Sex <i>Male</i>		Color or Race <i>W</i>		Birth-place <i>Spring Spring Va</i>			
Occupation <i>Minister</i>		Where Residing if not at place of death <i>Nauticus</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Emily A. Blount</i>					
Father's Name <i>Chas. B. Blount</i>		Father's Birthplace <i>Ida</i>					
Mother's Maiden Name <i>Clementine V. Portman</i>		Mother's Birthplace <i>Virginia</i>					
Name of person giving information <i>Emily A. Blount</i>		How related to deceased <i>Wife</i>					

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary <i>Paralysis Appoplexy</i>	How long <i>7 da -</i>
Immediate <i>Paralysis</i>	How long <i>1</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. K. Berber</i>
	Address <i>Nauticus</i>
Accident or Suicide?	<i>Ref</i>





Name  
in  
Full

George P. Bradley

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

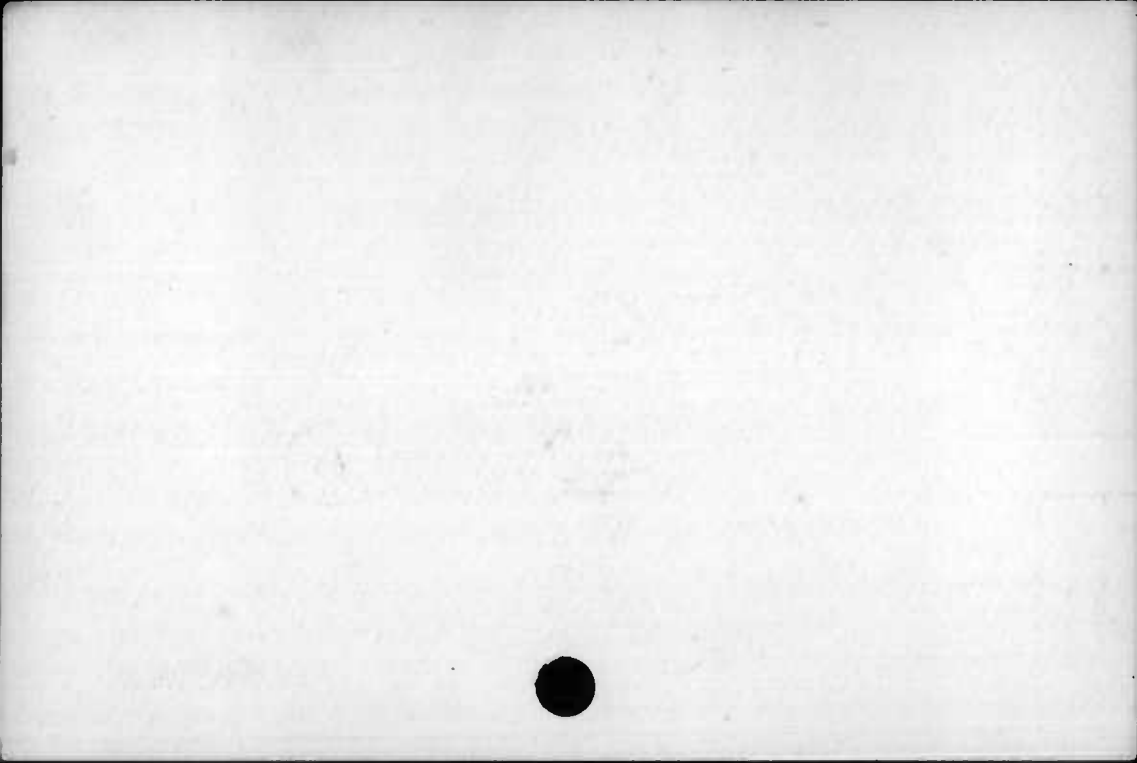
Died at <i>Riverton</i> Town		<i>Wisconsin</i> County		MARYLAND	
Date of death	1908	Month	Mar	Day	10
Age	55	Years	5	Months	9
Sex	Male	Color or Race	White	Birth-place	Wisconsin
Occupation	Sailor	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Christian C. Bradley	Father's Birthplace			
Mother's Maiden Name	Caroline Gothard	Mother's Birthplace			
Name of person giving information	Columbia Cooper	How related to deceased			
				Sister	

## CAUSES OF DEATH

74

PHYSICIAN  
OR CORONER

Primary	Alcoholic Nephritis	How long	6 months
Immediate	Softening of brain	How long	1 month
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
		Shaytown Ind.	
Accident or Suicide?			



Name  
in  
Full

Miss Carrie Briddell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

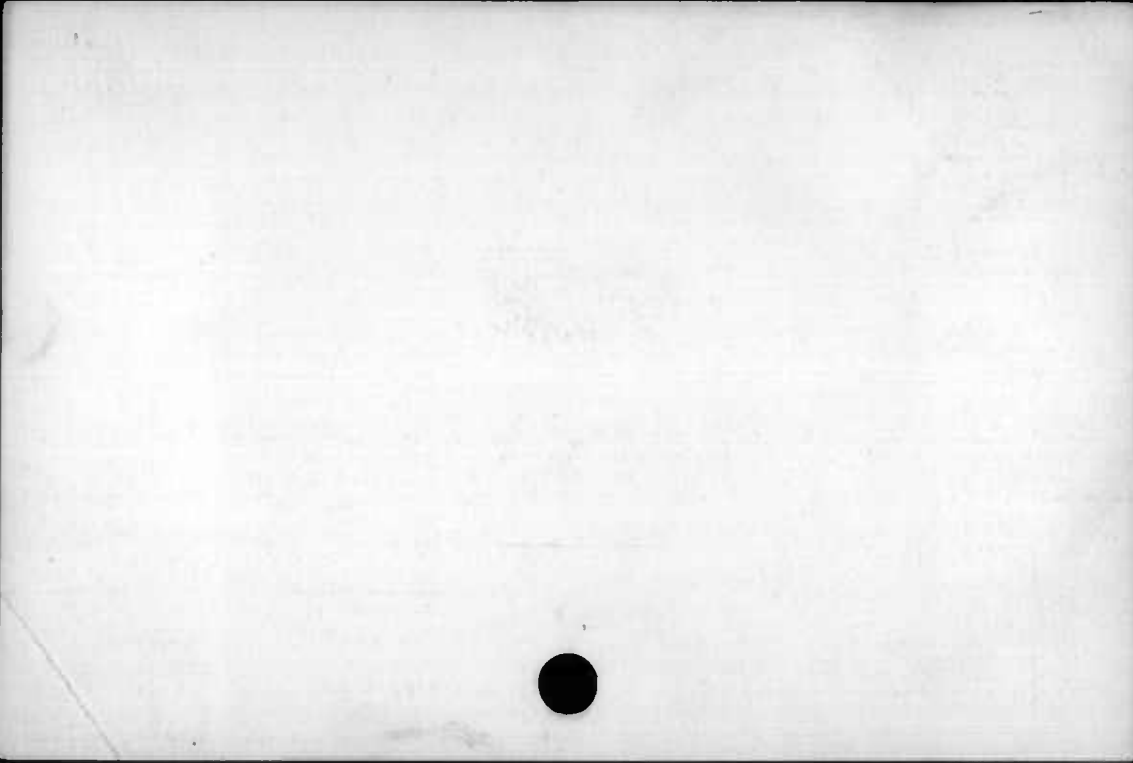
Died at <i>Hebron</i> <sup>Town</sup>		<i>Wisconsin</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1908</i> <sup>Month</sup>	<i>March</i> <sup>Day</sup>	<i>19</i>	Age	<i>22</i> <sup>Years</sup>
Sex	<i>Female</i>	Color or Race	<i>white</i>	Birth-place	<i>Somerset Co</i>
Occupation	<i>Stenographer</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband	<i>None</i>		
Father's Name	<i>Lofford Briddell</i>			Father's Birthplace	<i>Wisconsin</i>
Mother's Maiden Name	<i>Blanche Powell</i>			Mother's Birthplace	<i>Somerset</i>
Name of person giving information	<i>Lewis M. Briddell</i>			How related to deceased	<i>Brother</i>

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary	<i>Chronic Parenchymatous</i>	How long
Immediate	<i>nephritis-</i>	How long
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>H. C. Conaway</i>
		Address <i>Hebron</i>
		<i>MD</i>
Accident or Suicide?		



Name  
in  
Full

## CERTIFICATE OF DEATH

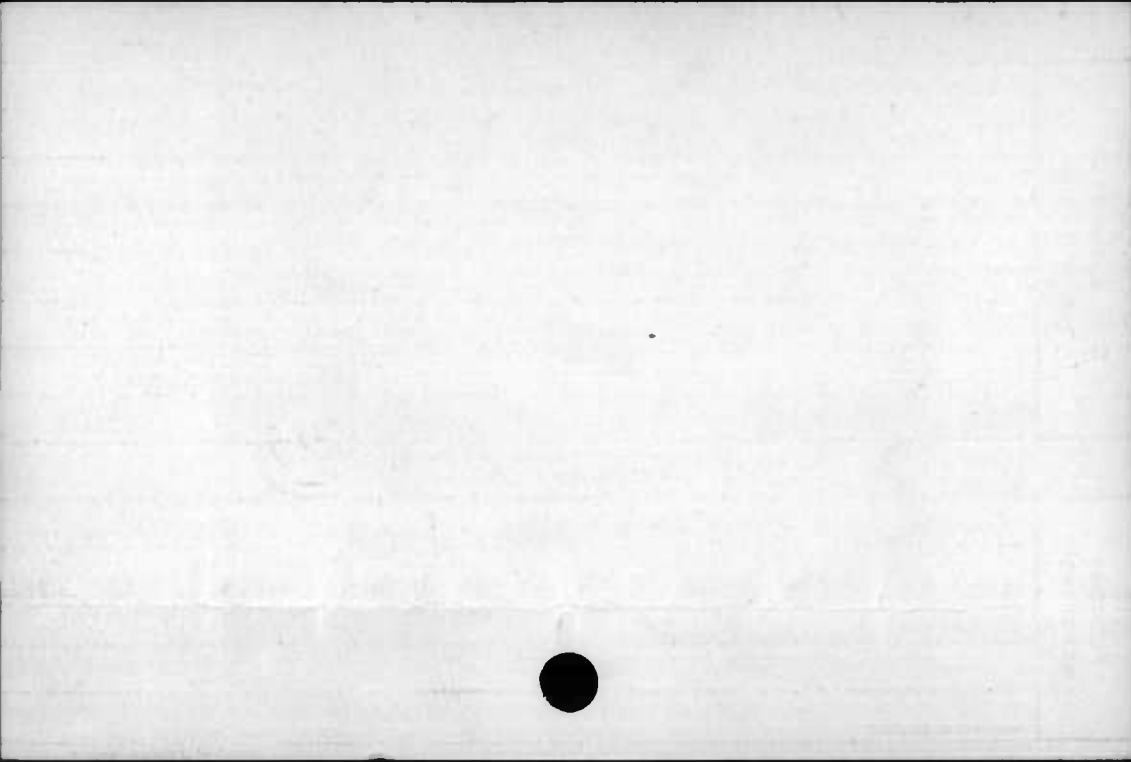
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Thomas Callaway</i>		Town <i>Sumner</i>		County <i>Wicomico</i>		MARYLAND	
Died at <i>Sumner</i>		Month <i>March</i>		Day <i>12</i>		Years <i>88</i>	
Date of death <i>1908</i>		Months <i>3</i>		Days <i>6</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Don't know</i>			
Occupation <i>Walt Farmer</i>				Where Residing if not at place of death —			
<del>Married</del> <i>Widowed</i>		<del>Single</del> <i>Widowed</i>		<del>Wife of</del> <i>Jane Callaway</i>			
Father's Name <i>Mathew Callaway</i>				Father's Birthplace <i>Don't know</i>			
Mother's Maiden Name <i>Don't know</i>				Mother's Birthplace <i>Don't know</i>			
Name of person giving information <i>Martha A Basting</i>				How related to deceased <i>Daughter</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Single Debility</i>	<i>10</i>	How long <i>3 years</i>
Immediate <i>"Calypso"</i>		How long <i>3 years</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Robert E. Wood</i>
		Address <i>Belman Dr</i>
Accident or Suicide?		



Name  
in  
Full

Mary Wesley Catlin

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

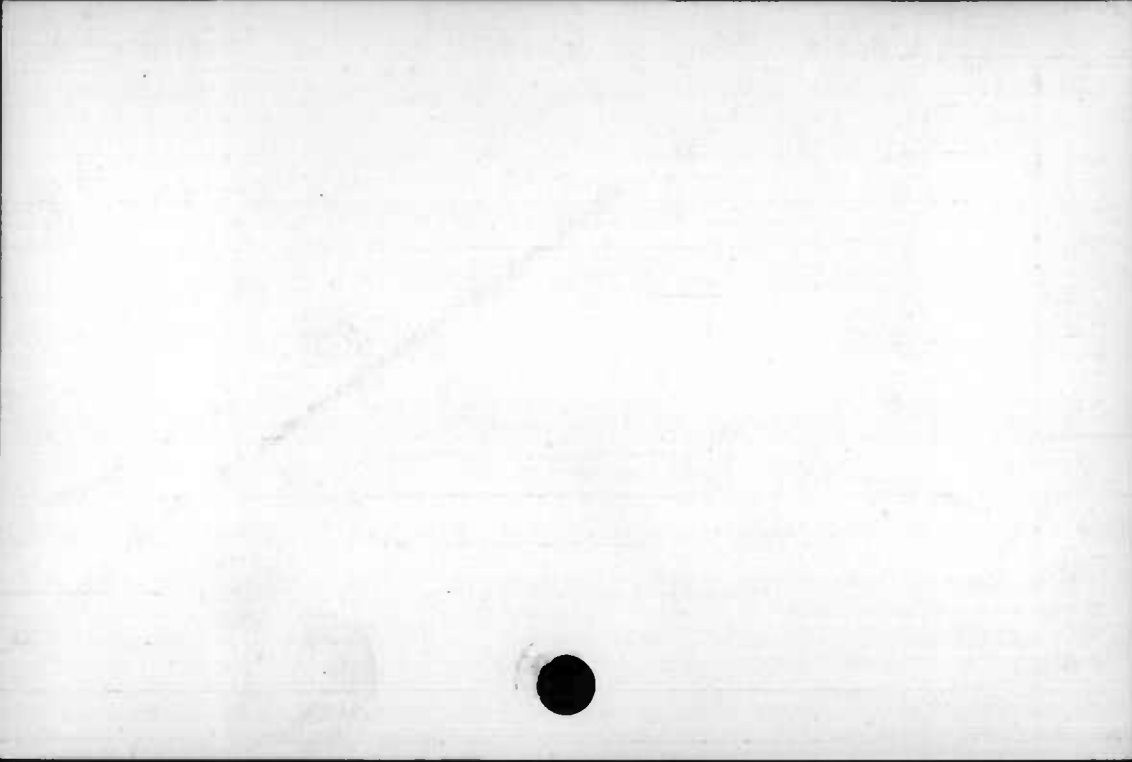
Died at <u>Lansbury</u> Town		<u>Worcester</u> County		MARYLAND	
Date of death	<u>Mar 1</u> <u>1908</u>	Month	<u>Mar.</u>	Day	<u>1st</u>
Age	<u>71</u>	Years	<u>0</u>	Months	<u>18</u>
Sex	<u>Female</u>	Color or Race	<u>white</u>	Birth-place	<u>Nanticoke</u>
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	<u>Widow</u>	Name of Wife or Husband	<u>Alexander W. Catlin</u>		
Father's Name	<u>Wm. H. Willing</u>			Father's Birthplace	<u>Nanticoke</u>
Mother's Maiden Name	<u>Mary W. Willing</u>			Mother's Birthplace	<u>Nanticoke</u>
Name of person giving information	<u>L. Howard Smith</u>			How related to deceased	<u>Son-in-law</u>

## CAUSES OF DEATH

79

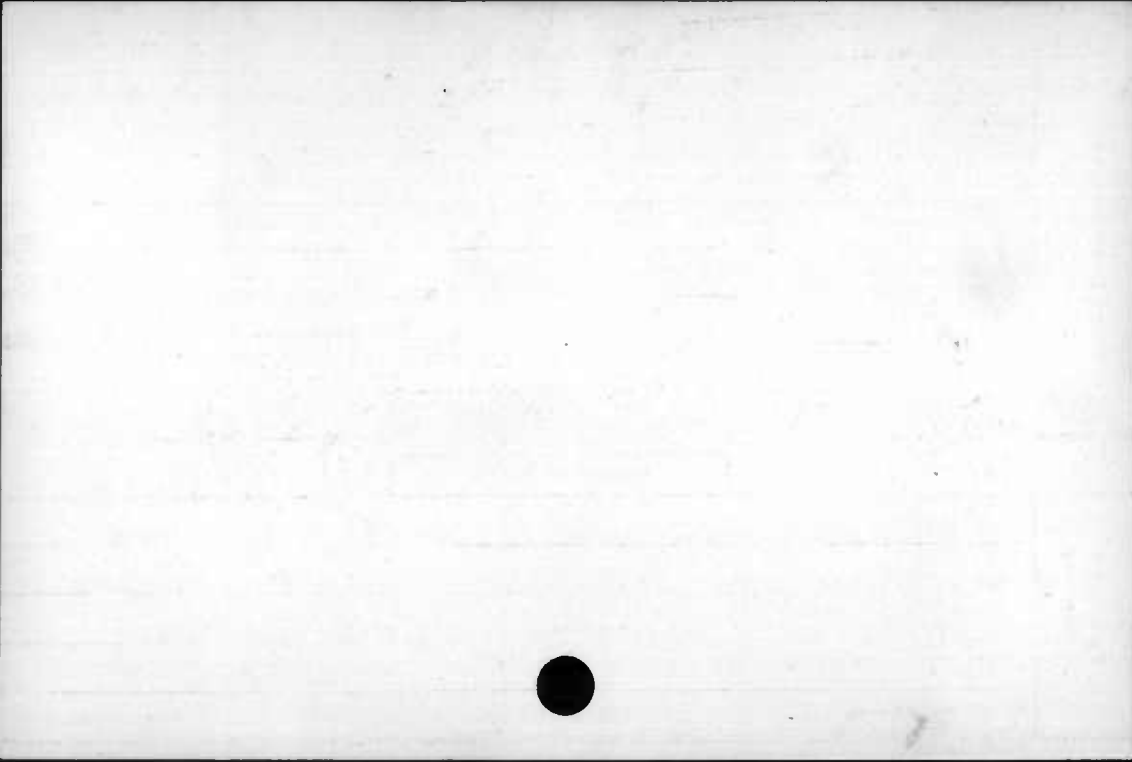
PHYSICIAN  
OR CORONER

Primary	<u>Mitral Regurgitation Chronic</u>	How long	<u>Don't know</u>
Immediate	<u>Cardiac Asthma</u>	How long	<u>6 mo.</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>Mary True</u>
		Address	<u>Salisbury - Md.</u>
Accident or Suicide?			

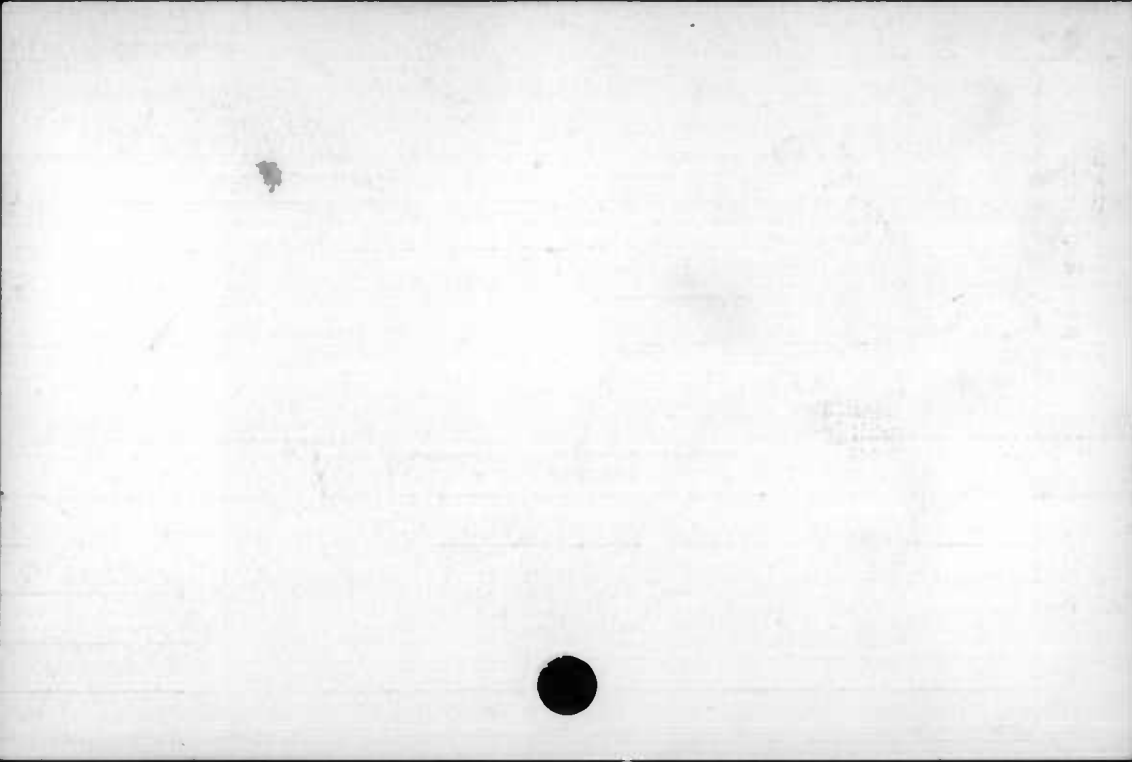




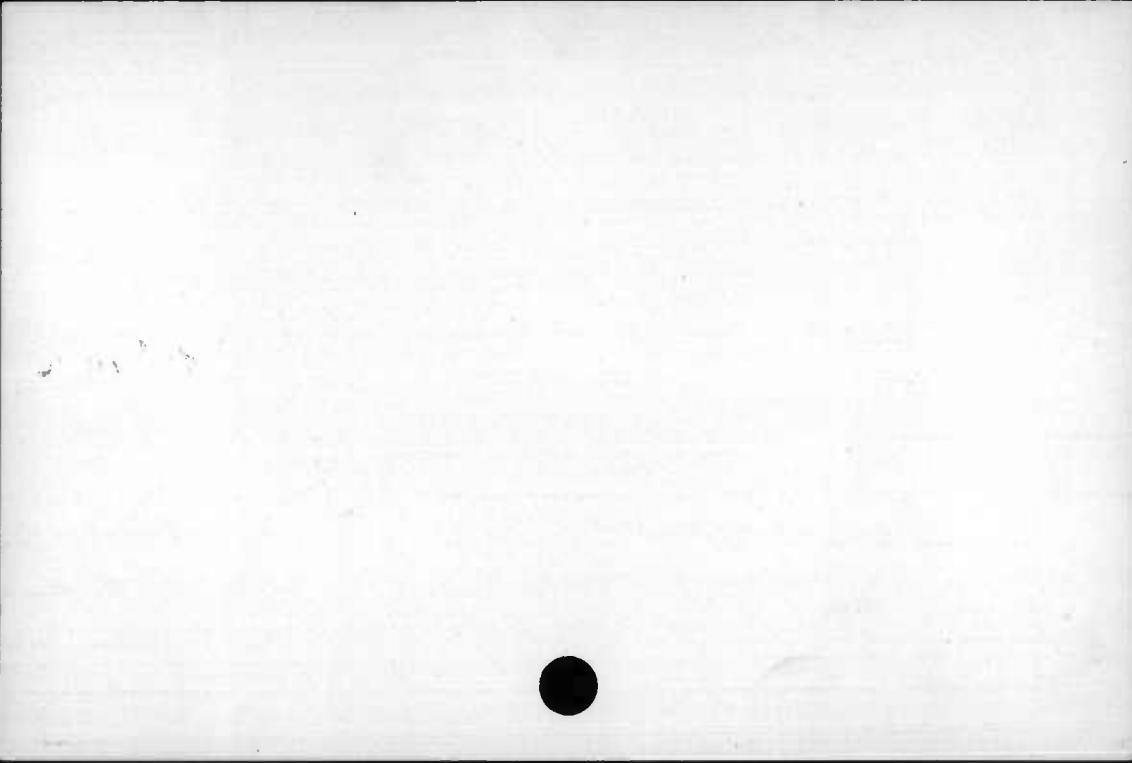
Name in Full		CERTIFICATE OF DEATH			
James E. Causey		Town		County	
Died at Salisbury the P. I. Hospital		Wicomico		MARYLAND	
Date of death	1908	Month	March	Day	22nd
Age	66	Years		Months	3
Sex	Male	Color or Race	White	Birth-place	Wicomico Co. Md.
Occupation	Merchant	Where Residing if not at place of death Princess Anne Md.			
Married, Single or Widowed	Married	Name of Wife or Husband Ella E. Causey			
Father's Name	Josiah Causey	Father's Birthplace Worcester Co. Md.			
Mother's Maiden Name	Sallie Nuttall	Mother's Birthplace " " "			
Name of person giving information	Ella E. Causey	How related to deceased Wife			
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: center;">113</div>					
Primary		How long			
Hepatic carcinoma with gall stones		2 or more years			
Immediate		How long			
Exhaustion		4 days			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
Yes		Address			
		Salisbury Md.			
Accident or Suicide?					



Name in Full		Maggie L. Wisniewski				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town	County		MARYLAND	
	Date of death		1908	Month	May	Day	15
	Age		3	Years	Months	Days	
	Sex	Female		Color or Race	White		Birth-place
	Occupation			Where Residing if not at place of death			
	Married, Single or Widowed			Name of Wife or Husband			
	Father's Name	Carl F. Wisniewski				Father's Birthplace	Id
Mother's Maiden Name	Ada Cannon				Mother's Birthplace	Id	
Name of person giving information	Carl F. Wisniewski				How related to deceased	Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Membranous Croup				How long	4 days
	Immediate	Dyspnea - or Suffocation				How long	few hours
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
					Address		
					Salisbury Md		
Accident or Suicide?							



Name in Full		Wilsie E. Duffy				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Salisbury		County Wicomico		MARYLAND	
	Date of death	1908	Month Mch.	Day 13 <sup>th</sup>	Age 4	Years 8	Months 21
	Sex	Female		Color or Race	White		Birth-place
	Occupation	None		Where Residing if not at place of death		Salisbury	
	Married, Single or Widowed	Single		Name of Wife or Husband		None	
	Father's Name	Walter T. Duffy				Father's Birthplace	Salisbury Md.
	Mother's Maiden Name	Florence W. Malone				Mother's Birthplace	Wicomico Co. Md.
	Name of person giving information	Walter T. Duffy				How related to deceased	Father
<div style="text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary	Diabetes Mellitus				How long	50
	Immediate	Coma				How long	6 months or more
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Louis W. Seamon, M.D.
					Address		Salisbury Md.
	Accident or Suicide?						



Name  
in  
Full

Ellie Edna Dunn

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

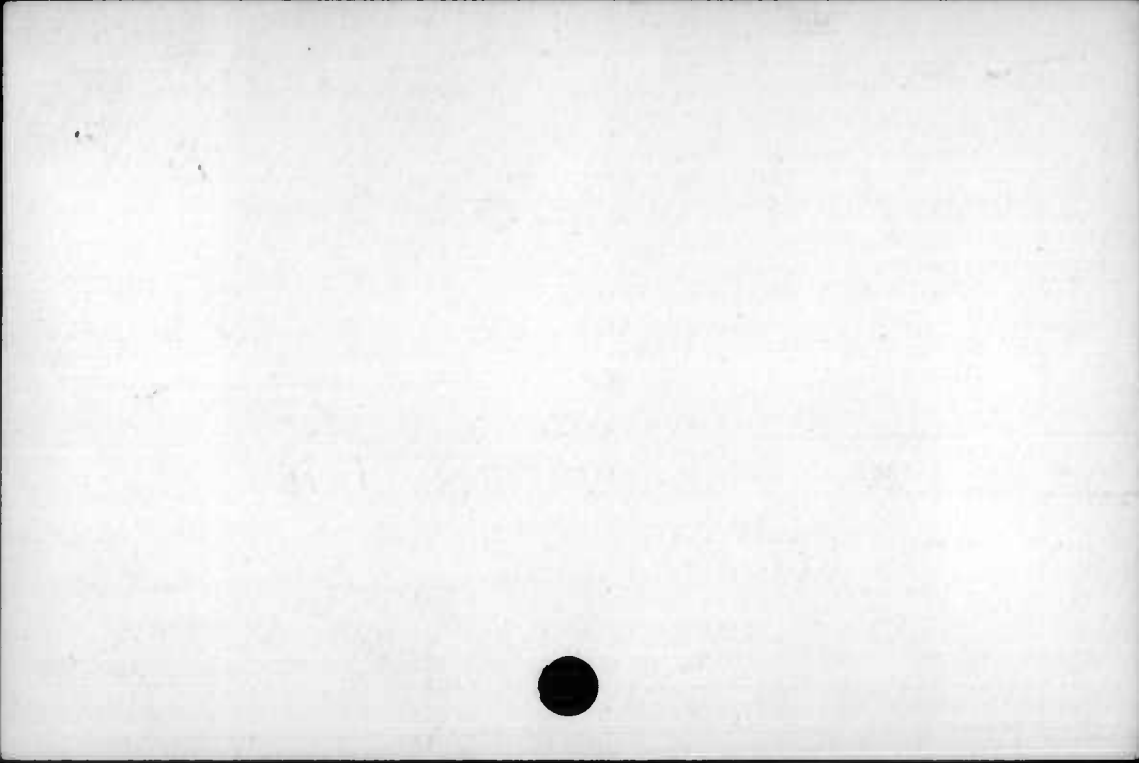
Died at <i>Shaptown</i> <small>Town</small>		<i>Wisconsin</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i> <small>Month</small> <i>May</i> <small>Day</small> <i>7</i>		Age <i>17</i> <small>Years</small>		Months <i>11</i> Days <i>22</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Galveston Tex</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>-</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>William B. Dunn</i>			
Father's Name <i>Isaac J. Hermmons</i>		Father's Birthplace <i>Dorchester Co</i>			
Mother's Maiden Name <i>Lovick W. Walston</i>		Mother's Birthplace <i>Galveston.</i>			
Name of person giving information <i>William B. Dunn</i>		How related to deceased <i>Husband.</i>			

## CAUSES OF DEATH

137

PHYSICIAN  
OR CORONER

Primary <i>Confinement</i>	How long <i>3 days</i>
Immediate <i>Septicemia</i>	How long <i>7 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm. W. Gossard</i>
	Address <i>Shaptown - Md</i>
Accident or Suicide?	





Name  
in  
Full

James J English

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

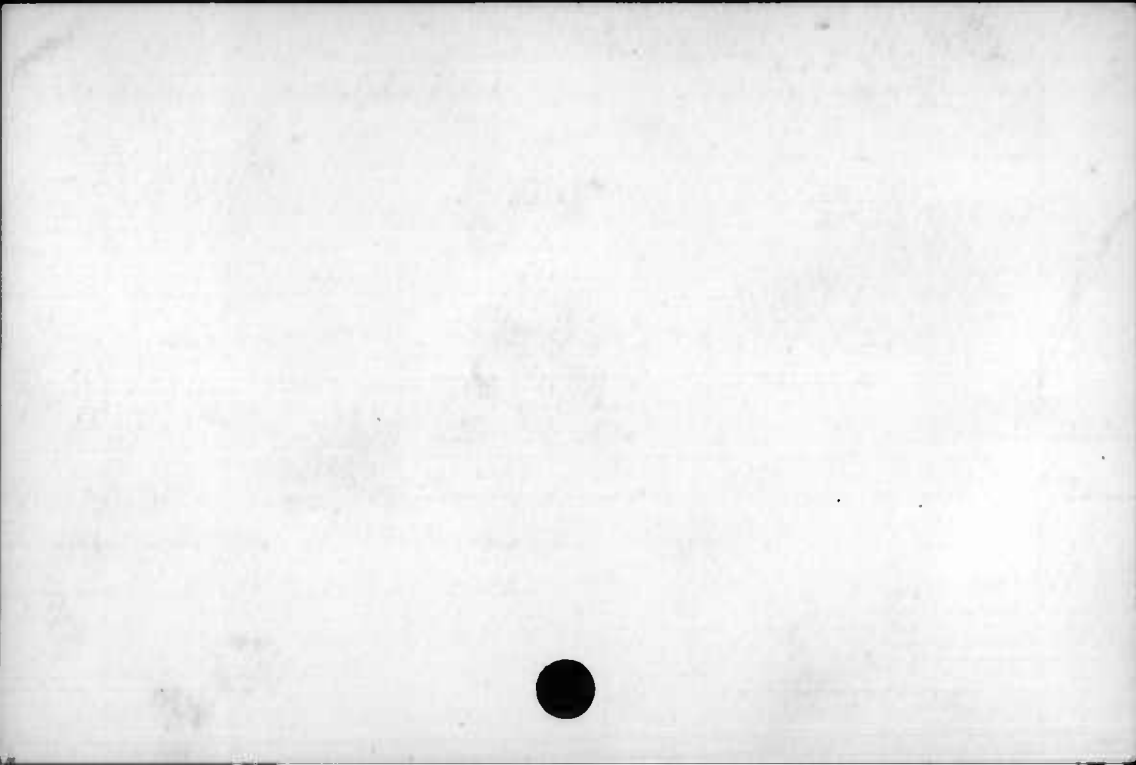
Died at <u>Sharplow</u> Town			<u>Micomin</u> County			MARYLAND		
Date of death 190 <u>8</u>		Month <u>3</u>	Day <u>1</u>	Age <u>1</u>	Years <u>1</u>	Months <u>5</u>	Days <u>7</u>	
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Dorchester</u>				
Occupation <u>                    </u>				Where Residing if not at place of death <u>                    </u>				
Married, Single or Widowed <u>                    </u>				Name of Wife or Husband <u>                    </u>				
Father's Name <u>Lewis J English</u>				Father's Birthplace <u>Micomin</u>				
Mother's Maiden Name <u>Linda V Milligan</u>				Mother's Birthplace <u>Dorchester</u>				
Name of person giving information <u>Linda V English</u>				How related to deceased <u>Mother</u>				

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary	<u>Pneumonia</u>	How long	<u>10 days</u>
Immediate	<u>Cardiac Failure</u>	How long	<u>1 day</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>W. H. Gassaway</u>	
		Address <u>Sharplow - Md.</u>	
Accident or Suicide? <u>                    </u>			



Name  
in  
Full

Harvey Foreman

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

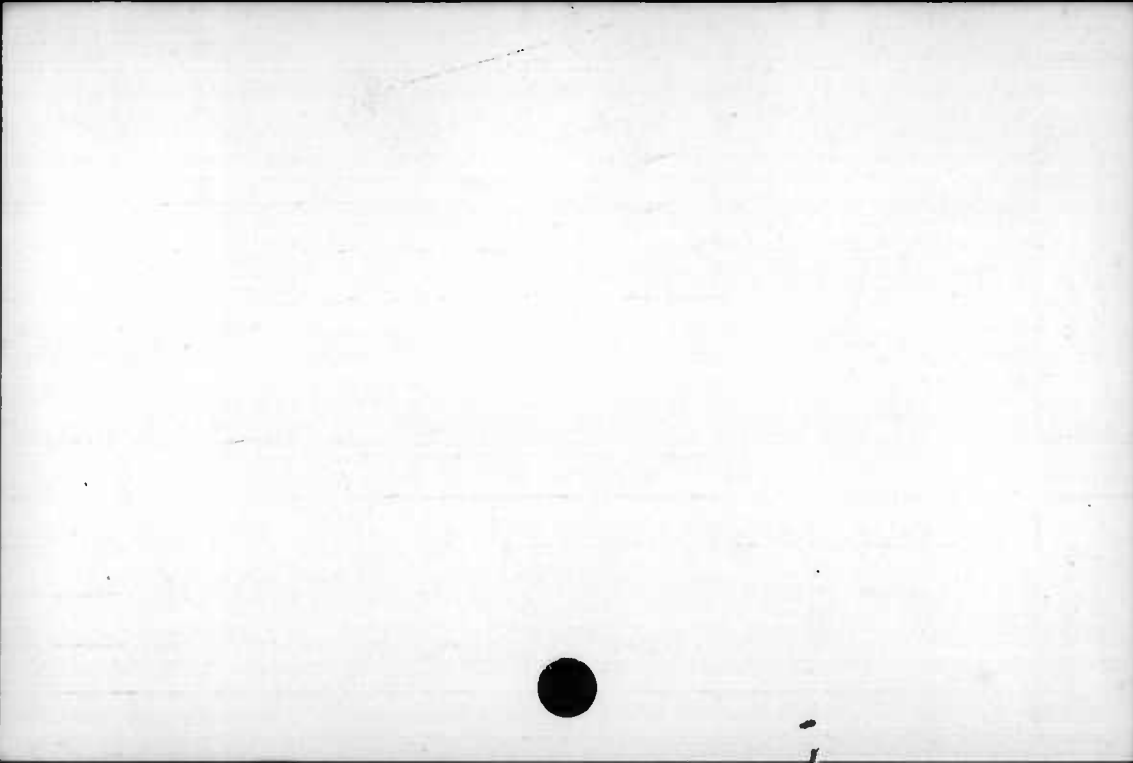
Died at		Salisbury <sup>Town</sup>		Wicomico <sup>County</sup>		MARYLAND	
Date of death	1908	Month	hch	Day	5 <sup>th</sup>	Age	11
Sex	Male	Color or Race	Black	Birth place	Worcester Co. Mass.	Months	0
Occupation	Schoolboy	Where Residing if not at place of death		New Ark Md.			
Married, Single or Widowed	Single	Name of Wife or Husband		None			
Father's Name	Not known				Father's Birthplace	Not known	
Mother's Maiden Name	" "				Mother's Birthplace	Not known	
Name of person giving information	Florence S. Smith				How related to deceased	None	

## CAUSES OF DEATH

116

PHYSICIAN  
OR CORONER

Primary	General peritonitis	How long	7 days
Immediate	Septic exhaustion	How long	1 day
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	M. D. S.
		Address	Salisbury, Md.
Accident or Suicide?	No		



Name  
in  
Full

Ethel Gosley

## CERTIFICATE OF DEATH

Died at *Salisbury* Town*Wicomico* County

MARYLAND

Date of death *1908* Month *May*Day *14*

Age Years

*2* Months

Days

Sex *Female*

Color or Race

*Black*

Birth-place

*Md*

Occupation

*Not any*

Where Residing if not at place of death

*Salisbury*

Married, Single or Widowed

*No*

Name of Wife or Husband

*No*

Father's Name

*Thomas Gosley*

Father's Birthplace

*Md*

Mother's Maiden Name

*Susan Eliza*

Mother's Birthplace

*Md*

Name of person giving information

*Thomas Gosley*

How related to deceased

*Father*

## CAUSES OF DEATH

*(36)*

Primary

*Syphilis*

How long

*2 mo*

Immediate

*Exhaustion*

How long

*—*

Are the name, age, sex, color, date and place correctly given above?

*Yes*

Signature of Physician

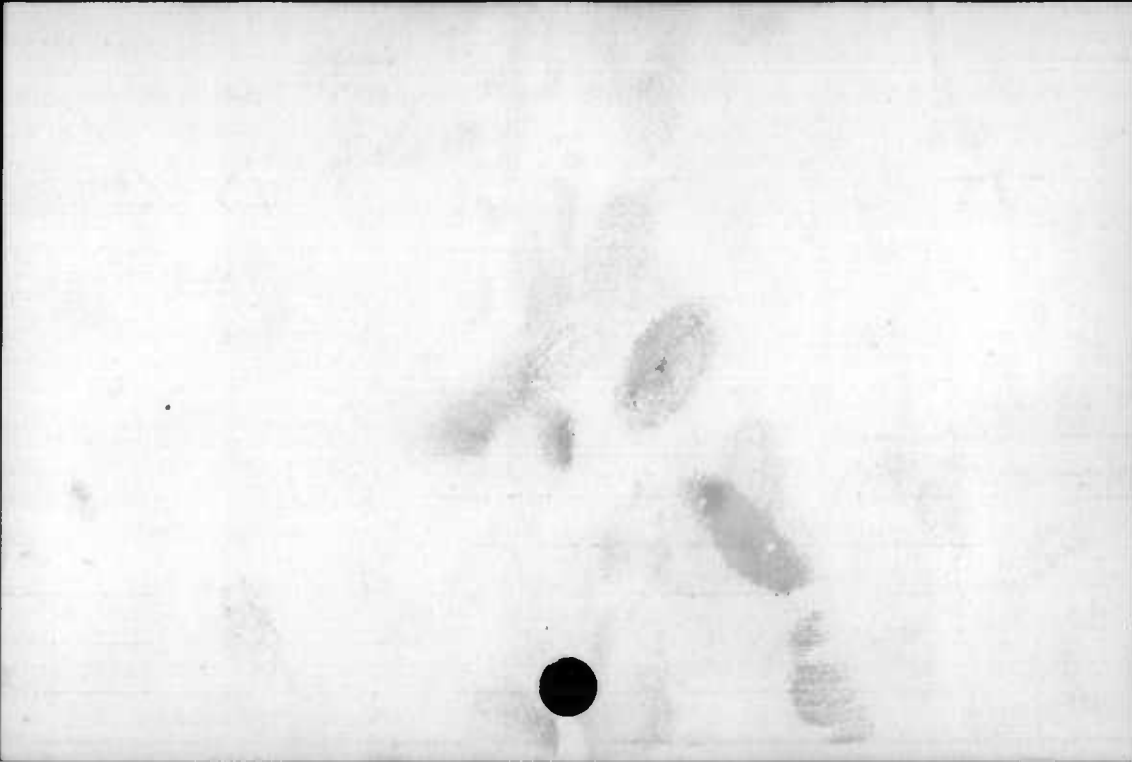
*Dr C. R. Pruitt*

Address

*Salisbury Md*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Edward J Heath

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

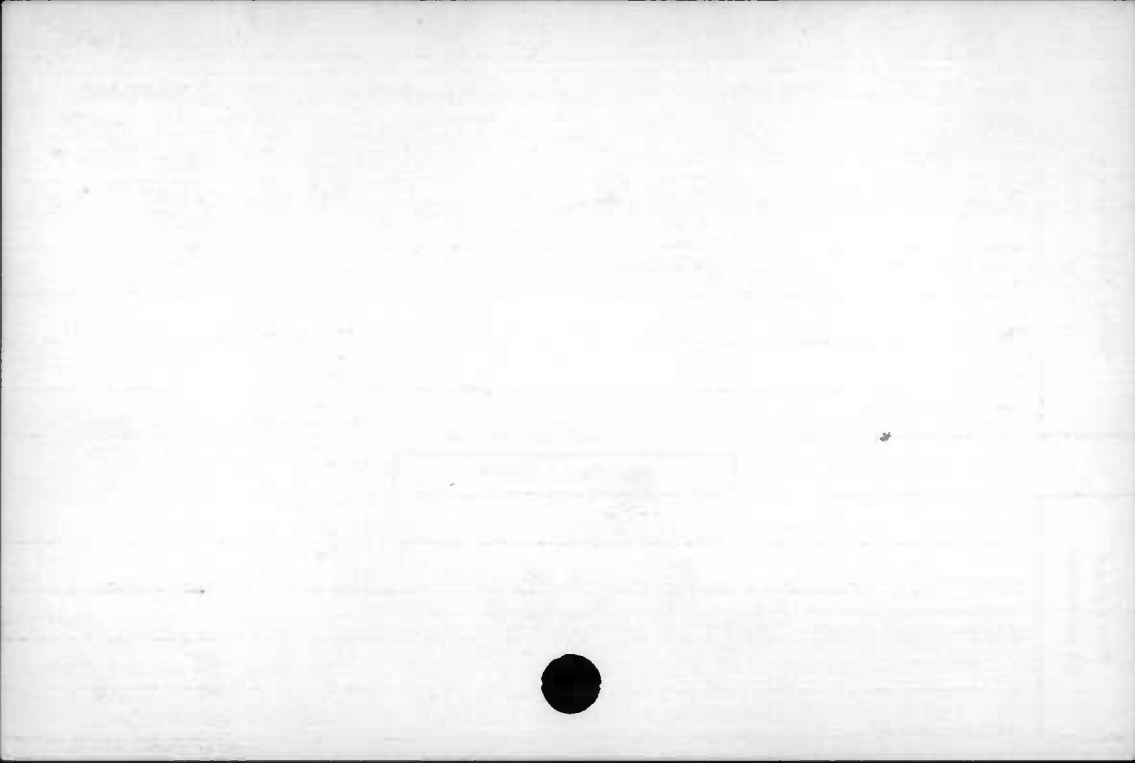
Died at <i>Frankfort</i> <sup>Town</sup>		<i>Wicomico</i> <sup>County</sup>		MARYLAND	
Date of death <i>1908</i> <sup>Month</sup> <i>March</i> <sup>Day</sup> <i>7</i> <sup>Years</sup> <i>65</i> <sup>Months</sup> <i>5</i> <sup>Days</sup> <i>10</i>		Age <i>65</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Somerset to Ind</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Julia A Evans</i>			
Father's Name <i>William Heath</i>		Father's Birthplace <i>Somerset to Ind</i>			
Mother's Maiden Name <i>Mary White</i>		Mother's Birthplace <i>Somerset to Ind</i>			
Name of person giving information <i>Edward J Heath sr</i>		How related to deceased <i>Son</i>			

## CAUSES OF DEATH

66

PHYSICIAN  
OR CORONER

Primary <i>Bright's Disease</i>	How long <i>12 months</i>
Immediate <i>Paralysis</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. H. O. Day M.D.</i>
	Address <i>Farmville Wicomico Co Md</i>
Accident or Suicide?	





Name  
in  
Full

## CERTIFICATE OF DEATH

Name *Mary Jackson* Town *Salisbury* County *Wicomico*

Died at *Salisbury*

Date of death *1908* Month *Mar* Day *7* Age Years *19* Months *5* Days *22*

Sex *Female* Color or Race *Black* Birth-place *Md*

Occupation *Housework* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband *James W Jackson*

Father's Name *George Peters* Father's Birthplace *Md*

Mother's Maiden Name *Mary Meekins* Mother's Birthplace *Md*

Name of person giving information *James W Jackson* How related to deceased *Husband*

## CAUSES OF DEATH

137

Primary *Purpural infection* How long *5 minutes*

Immediate *Purpural sepsis & intoxication* How long *7 or 8 hours*

Are the name, age, sex, color, date and place correctly given above? *yes*

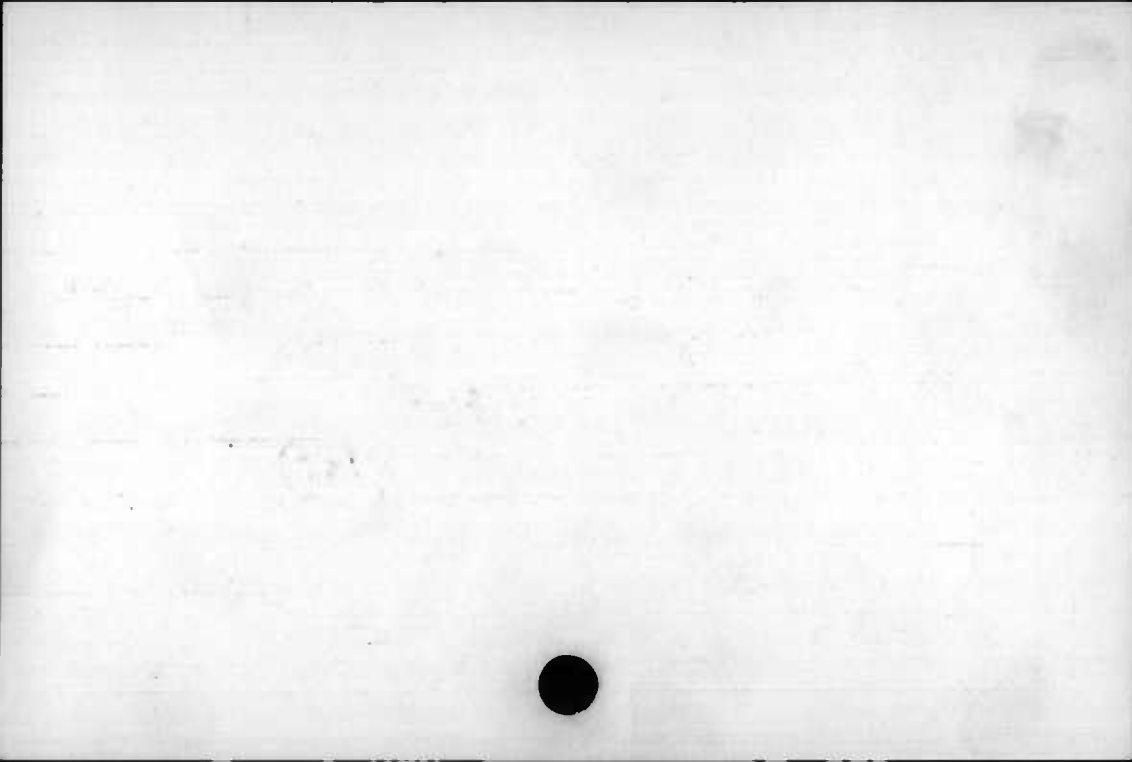
Signature of Physician *J. M. Edick*

Address *Salisbury, Md*

Accident or Suicide? *no*

*She was attended by mid. wife & carried to Hosp. 1 week after infection occurred.*

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Nattie E. Johns

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

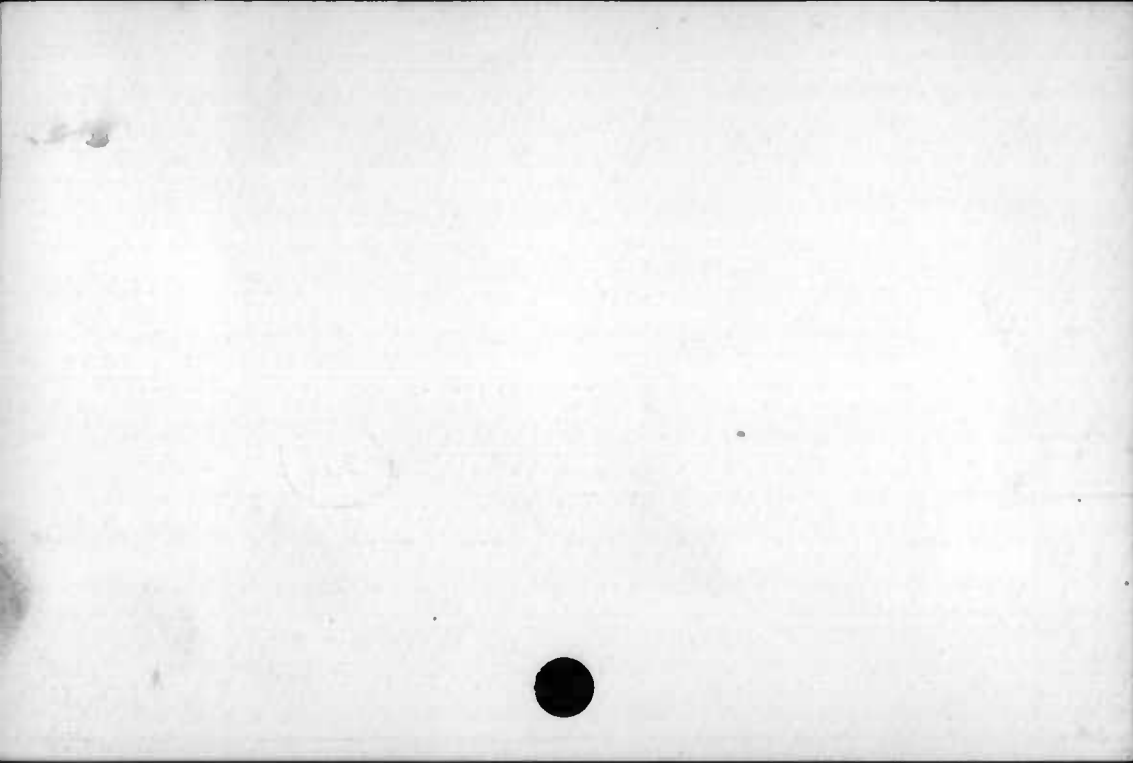
Died at <i>Year</i> <i>Shaptown</i> <i>Wisconsin</i> County		MARYLAND	
Date of death <i>1907</i>	<i>Mar</i> Month	<i>16</i> Day	Age <i>17</i> Years
Sex <i>Female</i>	Color or Race <i>Cool</i>	Birth-place <i>Wisconsin Co</i>	Months <i>6</i> Days
Occupation <i>School girl</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband		
Father's Name <i>Edward Johns</i>	Father's Birthplace <i>Dorchester Co</i>		
Mother's Maiden Name <i>Jayne Allen</i>	Mother's Birthplace <i>Marshall</i>		
Name of person giving information <i>Edward Johns</i>	How related to deceased <i>Father</i>		

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <i>Typhoid fever</i>	How long <i>4 weeks</i>
Immediate <i>Tuberculosis</i>	How long <i>6 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. W. Gossaway</i>
	Address <i>Shaptown</i>
Accident or Suicide?	



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

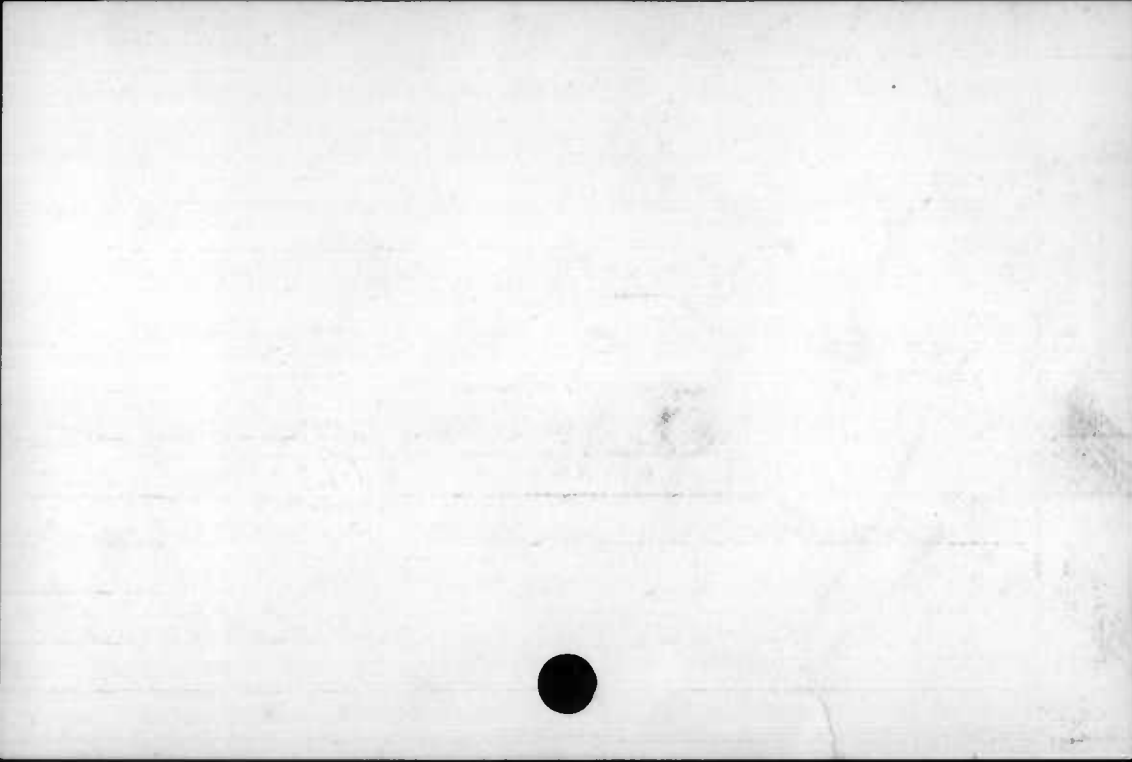
Name in Full <i>Mary Johnson</i>		Town <i>New Salisbury</i>		County <i>Wicomico</i>		MARYLAND	
Died at <i>New Salisbury</i>		Month <i>Mar</i>		Day <i>15</i>		Age <i>73</i>	
Date of death <i>1908</i>		Months <i>9</i>		Years <i>73</i>		Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>New Salisbury Md.</i>					
<del>Married, Single or Widowed</del> <i>Single</i>		Name of Wife or Husband <i>unmarried</i>					
Father's Name <i>Burnell Johnson</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Nellie Shuckley</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information <i>James E Johnson</i>		How related to deceased <i>Nephew</i>					

CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary <i>Found Dead in bed</i>	How long <i>Don't know</i>
Immediate <i>Supposed heart trouble</i>	How long <i>Don't know.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Louis W. Keom's M.D.</i>
	Address <i>Salisbury Md.</i>
Accident or Suicide?	



Name  
in  
Full

Ernest Jones

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

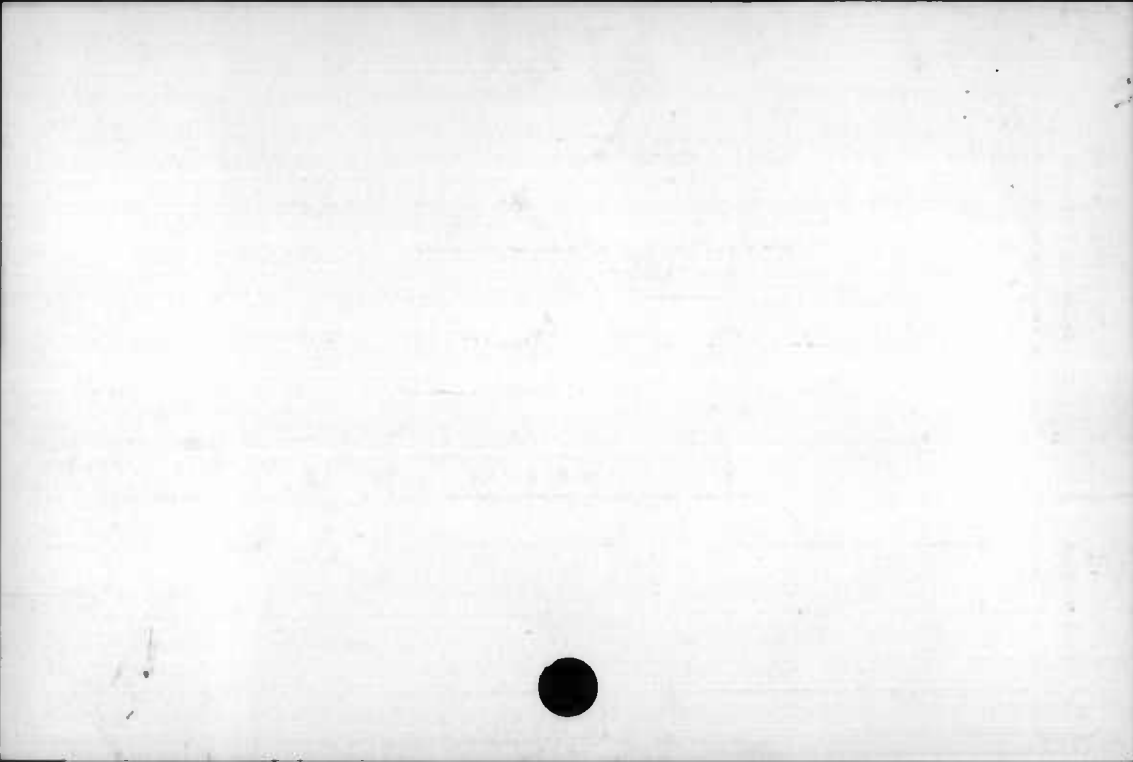
Died at <i>Near Huntland</i>		Town <i>Huntland</i>		County <i>Wicomico</i>		MARYLAND	
Date of death	<i>1908</i>	Month <i>Mch.</i>	Day <i>26<sup>th</sup></i>	Age <i>18</i>	Years	Months <i>6</i>	Days <i>0</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Wicomico Co. Md.</i>				
Occupation <i>Telegraph Operator</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>None</i>						
Father's Name <i>Wm. L. Jones</i>	Father's Birthplace <i>" " "</i>						
Mother's Maiden Name <i>Jennie Hopkins</i>	Mother's Birthplace <i>" " "</i>						
Name of person giving information <i>E. F. Disharoon</i>	How related to deceased <i>None</i>						

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>8 to 12 mos.</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. B. Long</i>
	Address <i>Albany, Md.</i>
<del>Accident or Suicide</del>	<i>Md.</i>





Name  
in  
Full

Infant no name - McAllen

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Salisbury* Town*Wicomico* CountyDate of death *1908* Month *Nov*Day *6* Age YearsMonths *1* DaysSex *male*Color or Race *White*Birth-place *Salisbury Md*

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's Name *A R McAllen*Fether's Birthplace *Md*Mother's Maiden Name *Mary Harbaugh*Mother's Birthplace *Md*Name of person giving  
Information *A R McAllen*How related  
to deceased *Father*

## CAUSES OF DEATH

137

PHYSICIAN  
OR CORONER

Primary

How long

Immediate

*Primature (6 1/2 mo)*

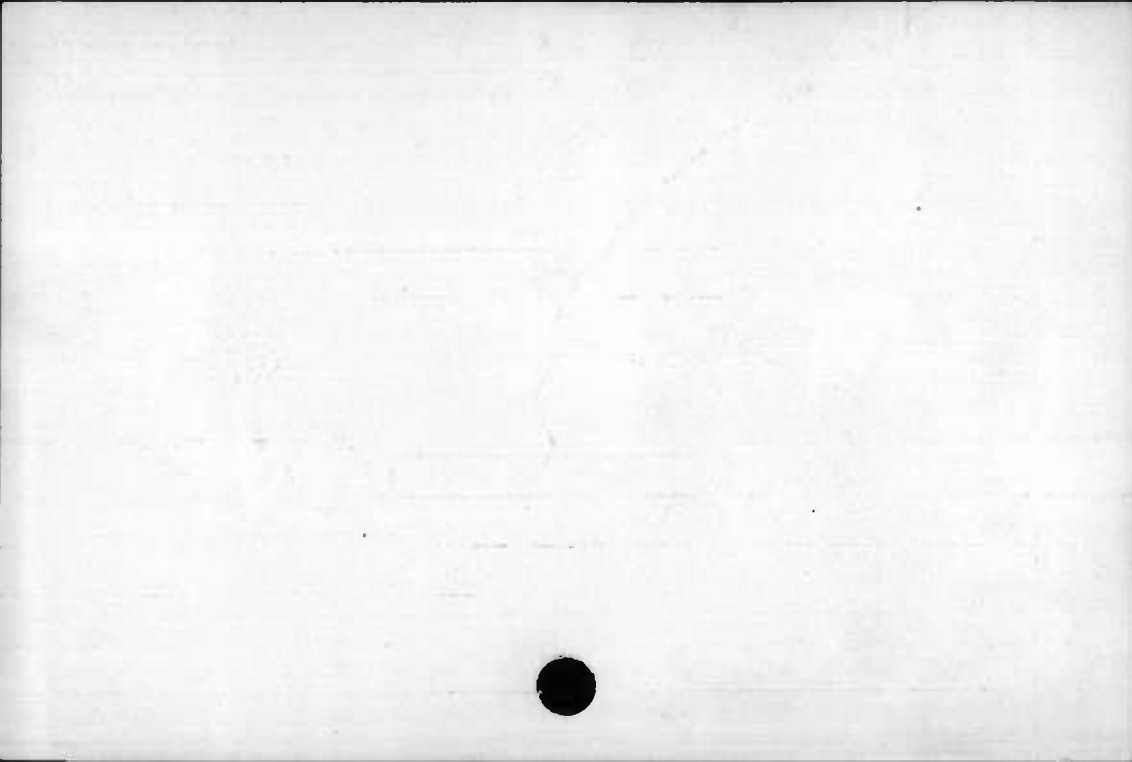
How long

Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician

Address

*O. B. Potter*  
*Salisbury*  
*Md*

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Salisbury</u> <sup>Town</sup>		<u>Wicomico</u> <sup>County</sup>		MARYLAND	
Date of death <u>1908</u> <sup>Month</sup> <u>March</u> <sup>Day</sup> <u>21</u>		Age <u>1</u> <sup>Years</sup>		Months <u>  </u>	Days <u>  </u>
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Ind.</u>	
Occupation <u>  </u>		Where Residing if not at place of death <u>  </u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>  </u>			
Father's Name <u>G. Earnest Jackson</u>		Father's Birthplace <u>Ind.</u>			
Mother's Maiden Name <u>Byrne Andrews</u>		Mother's Birthplace <u>Wa.</u>			
Name of person giving information <u>G. Earnest Jackson</u>		How related to deceased <u>Father</u>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <u>Still born</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>[Signature]</u>
	Address <u>Salisbury, Ind.</u>
Accident or Suicide? <u>  </u>	

Hollway

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

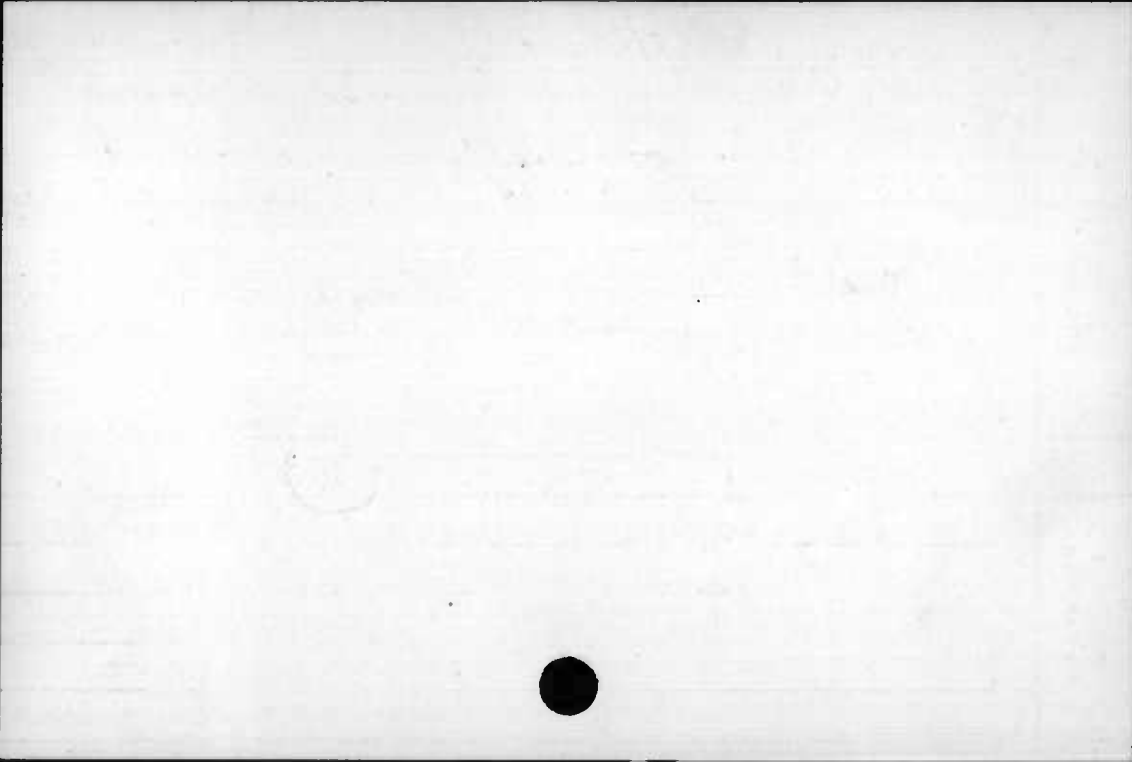
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

## CAUSES OF DEATH

36

PHYSICIAN  
OR CORONER

Primary	Intian Syphilis	How long	Years
Immediate	Oedema of Lungs	How long	2 or 3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			



Name in Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Salisbury</i> Town		<i>Wicomico</i> County		MARYLAND	
	Date of death <i>1908</i>	Month <i>Feb</i>	Day <i>7th</i>	Age <i>40</i> Years	Months <i>3</i> Days <i>16</i>	
	Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Delaware</i>		
	Occupation <i>Laborer</i>		Where Residing if not at place of death			
	Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Olie Parsons</i>				
	Father's Name <i>Not known</i>	Father's Birthplace <i>Not known</i>				
	Mother's Maiden Name <i>Priscilla Parsons</i>	Mother's Birthplace				
	Name of person giving information <i>Olie Parsons</i>		How related to deceased <i>Wife</i>			
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary	<i>Tubercular Phthisis</i>			<i>27</i> How long <i>Don't know</i>	
	Immediate	<i>Same -</i>			How long	
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Nancy Euel</i>			
			Address <i>Salisbury Md</i>			
	Accident or Suicide?					





Name  
in  
Full

Maria Parsons

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> near Salisbury <sup>County</sup> Wicomico  
 Date of death 1908 <sup>Month</sup> Mar <sup>Day</sup> 21 Age <sup>Years</sup> 79 <sup>Months</sup> <sup>Days</sup> 27

MARYLAND

Sex Female Color or Race White Birth-place Md

Occupation Housework Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband Daniel J. Parsons

Father's Name Samuel Magle Father's Birthplace Md

Mother's Maiden Name Annie Laws Mother's Birthplace Md

Name of person giving information W. J. Parsons How related to deceased Husband

## CAUSES OF DEATH

103

Primary Ulcerated Stomach How long one month

Immediate Physical Exhaustion How long 2 or 3 days

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician Dr Geo H. Spruitt

Address Parsonsburg

Accident or Suicide? Wicomico Co Md.

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

For Holloman & Co

Name  
in  
Full

*Emmelina E. Robinson*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

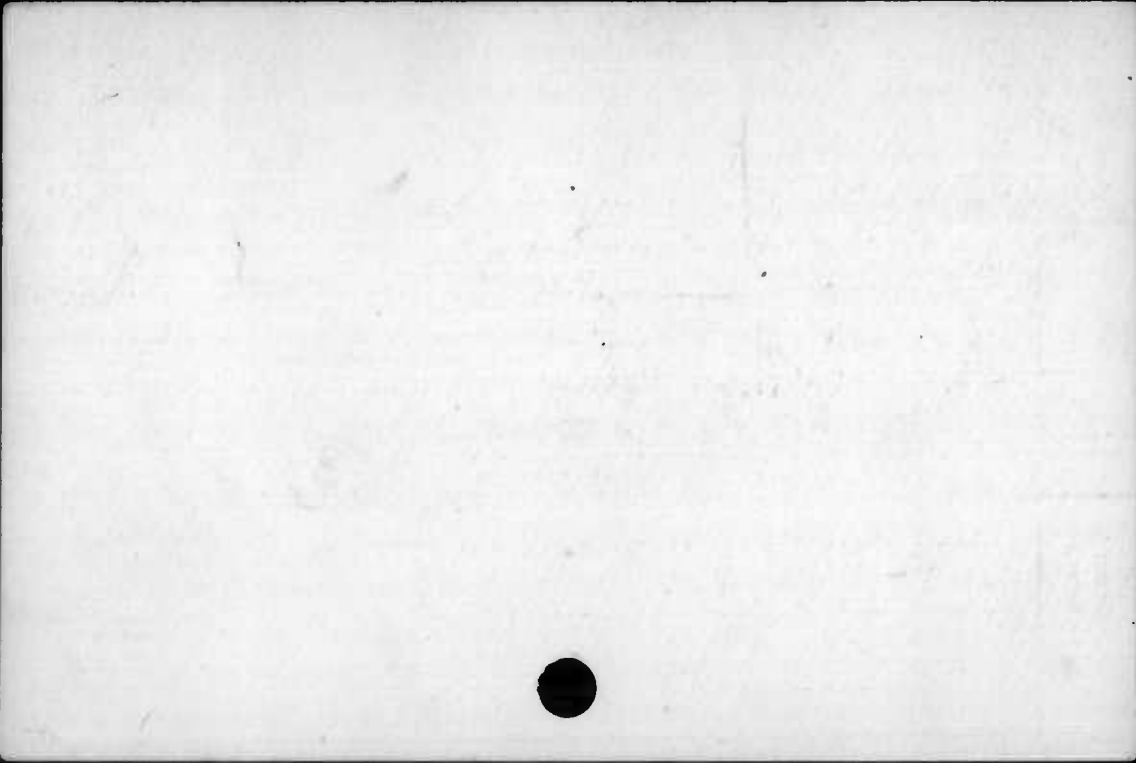
Died at <i>Sharptown</i> <small>Town</small>		<i>Wicomico</i> <small>County</small>		MARYLAND	
Date of death	<i>1908</i>	Month <i>Mar</i>	Day <i>10</i>	Age <i>78</i>	Months <i>2</i> Days <i>26</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Wicomico Co</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>James Robinson</i>			
Father's Name <i>James K. Bradley</i>			Father's Birthplace <i>N. H.</i>		
Mother's Maiden Name <i>Annice Scoville</i>			Mother's Birthplace <i>Del.</i>		
Name of person giving information <i>James Robinson</i>			How related to deceased <i>Husband.</i>		

CAUSES OF DEATH

**10**

PHYSICIAN  
OR CORONER

Primary <i>L. Grippe</i>	How long <i>2 weeks</i>
Immediate <i>Dysentery</i>	How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm. H. Gasaway</i>
	Address <i>Sharptown - Md</i>
Accident or Suicide?	



Name  
in  
Full

Elizabeth Handy Slemons

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Delmar Town Delmar County Delmar

MARYLAND

Date of death 1908 Mar Month 6 Day 71 Age 6 Months 8 Days

Sex Female Color or Race White Birth-place Salisbury Md

Occupation Keeping Room Where Residing if not at place of death Delmar Del

Married, Single or Widowed Widowed Name of Wife or Husband Dr. B. Slemons

Father's Name Samuel J. S. Kev Father's Birthplace Prussia Anne

Mother's Maiden Name Louisa A. Davis Mother's Birthplace Salisbury

Name of person giving information S. K. Slemons How related to deceased Son

## CAUSES OF DEATH

10

PHYSICIAN  
OR CORONER

Primary Asthma How long 35 years

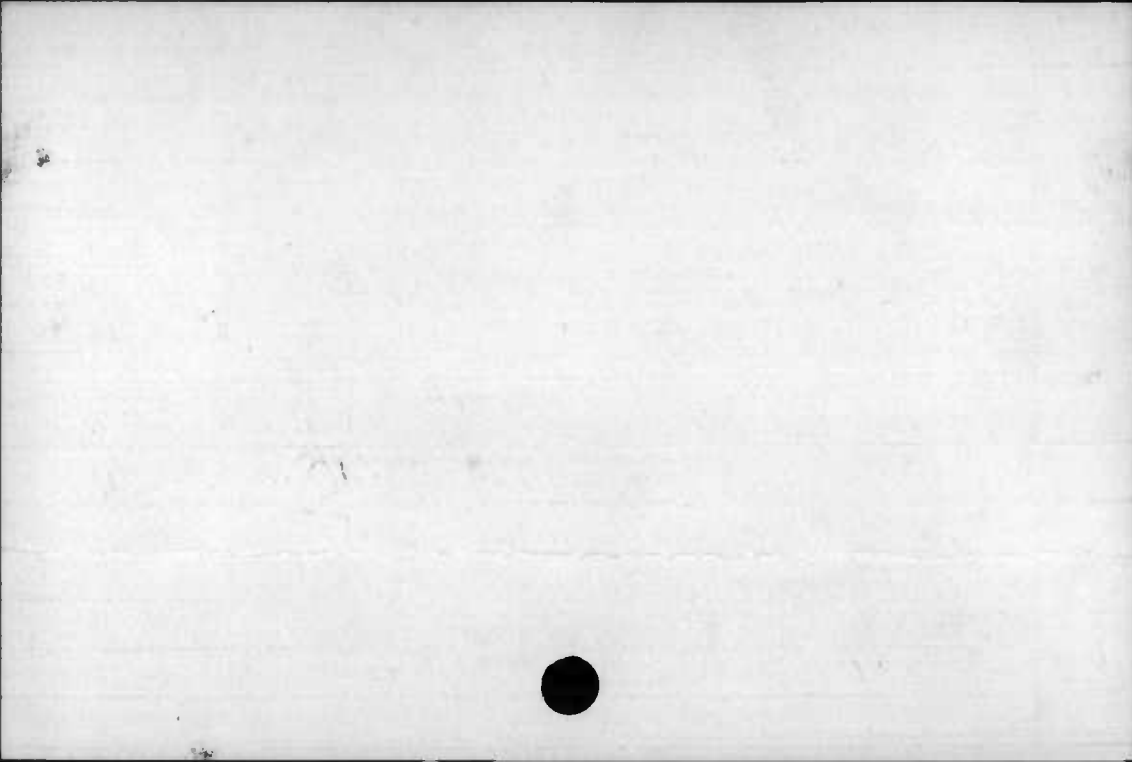
Immediate Calripps How long One week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Robert Ellgood M.D.

Address Delmar Del

Accident or Suicide?



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

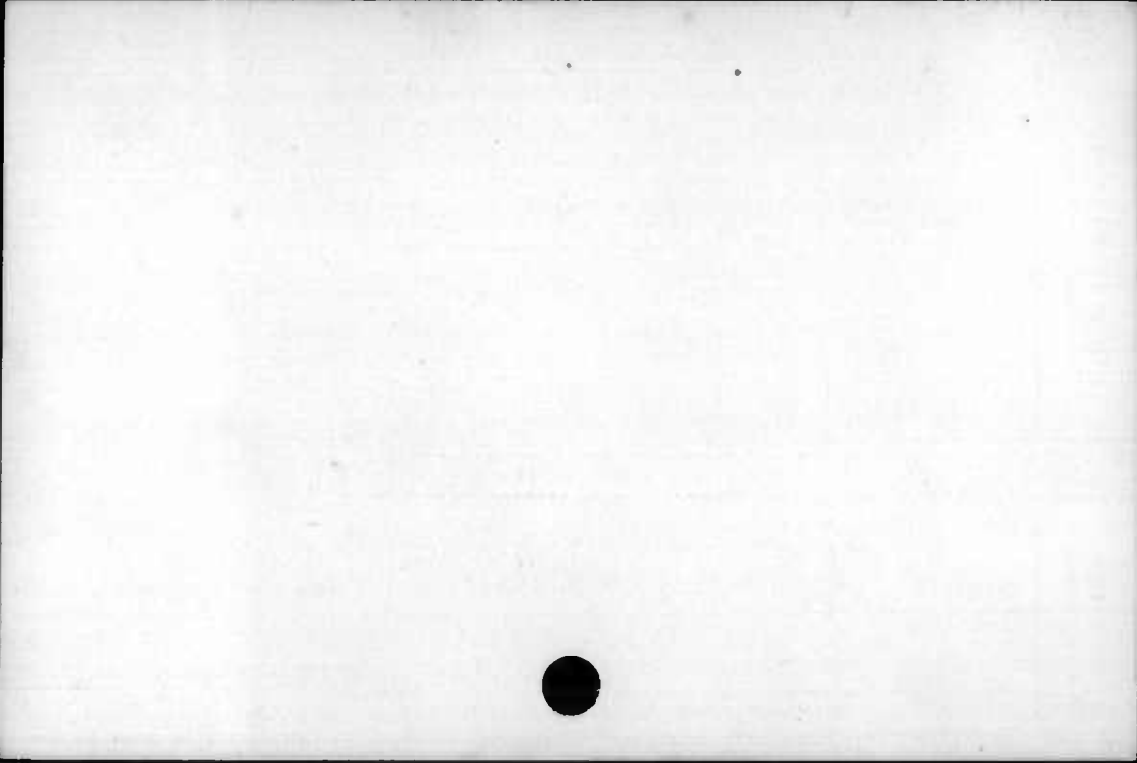
Name in Full <i>William R. Solloway</i>		Town <i>Near Macedonia</i>		County <i>Jefferson</i>		MARYLAND	
Died at		Month <i>March</i>		Day <i>19</i>		Age <i>84</i>	
Date of death <i>1908</i>		Months <i>-</i>		Days <i>-</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>"</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Larah, Lloyd</i>					
Father's Name <i>Not known</i>		Father's Birthplace <i>Not known</i>					
Mother's Maiden Name <i>"</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>A. R. Solloway</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

(93)

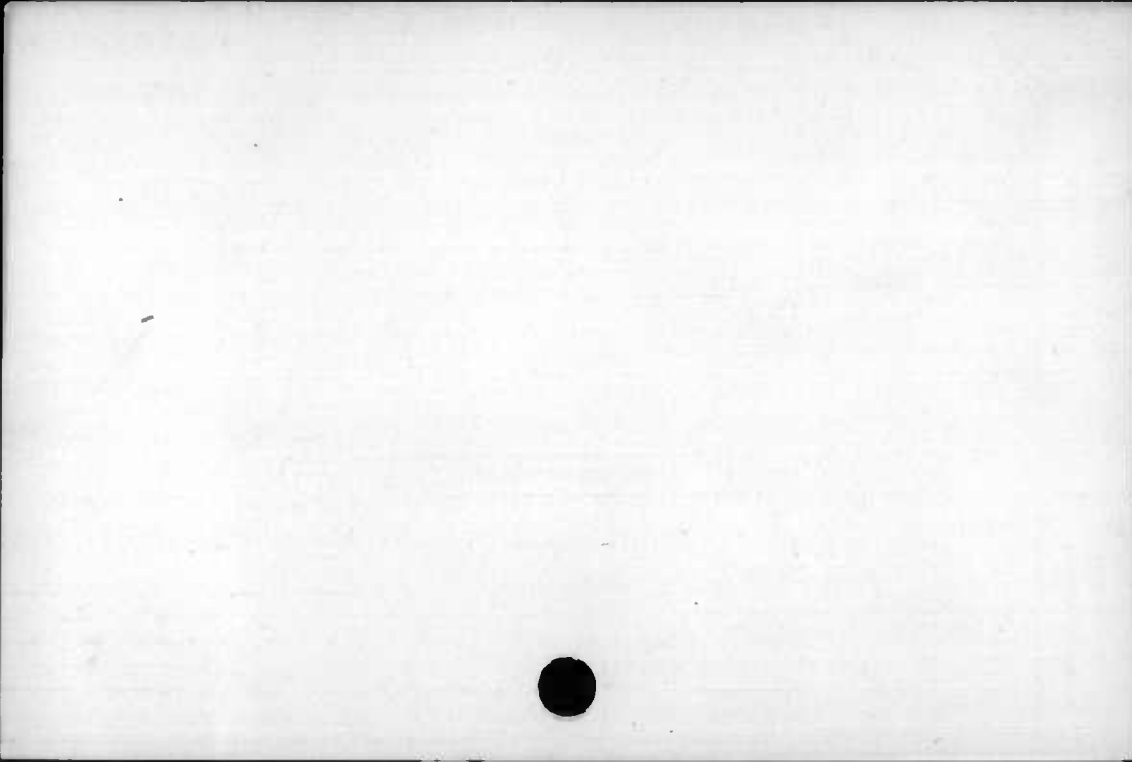
PHYSICIAN  
OR CORONER

Primary <i>Old age</i>	How long <i>-</i>
Immediate <i>Pneumonia</i>	How long <i>7 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. L. English coroner</i>
	Address <i>Macedonia springs Md</i>
Accident or Suicide? <i></i>	





Name in Full		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Salisbury</i> <sup>Town</sup>			<i>Wicomico</i> <sup>County</sup>			MARYLAND
	Date of death	<i>1908</i>	<i>March</i> <sup>Month</sup>	<i>27th</i> <sup>Day</sup>	Age	<i>61</i> <sup>Years</sup>	<i>7</i> <sup>Months</sup> <i>1</i> <sup>Days</sup>
	Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place <i>Salisbury Md.</i>
	Occupation	<i>Merchant</i>			Where Residing if not at place of death <i>Salisbury Md.</i>		
	Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Ella Irving Todd</i>		
	Father's Name	<i>George Todd</i>			Father's Birthplace	<i>Maryland</i>	
	Mother's Maiden Name	<i>Catherine Stevenson</i>			Mother's Birthplace	<i>Maryland</i>	
	Name of person giving information	<i>Mrs L. E. Williams</i>			How related to deceased	<i>Daughter</i>	
<div style="text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary	<i>Diabetes</i>			<i>(50)</i> <sup>How long</sup>	<i>10 years</i>	
	Immediate	<i>Exhaustion</i>			<sup>How long</sup>	<i>few days</i>	
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>			Signature of Physician <i>Geo. W. Todd</i>			
				Address <i>Salisbury Md.</i>			
	Accident or Suicide?						



### CERTIFICATE OF DEATH

## MARYLAND

Died at *Salisbury* Town

County  
Michigan

Date of death 1908 March

Age 14 Years

Months

Days

Sex Female

Color or Race *Colored*

Birth-place *Princeton, Ind.*

Occupation  
None

Where Residing if not  
at place of death *Phineas Anne Mel*

Married, Single or Widowed *Single*

Name of Wife or  
Husband

Father's Name *Chas. Waters*

Father's Birthplace Princeton, N.J.

Mother's Maiden Name *Annie Walters*

Mother's Birthplace Princeton, New Jersey

Name of person giving information *Tom Jones*

How related to deceased *None*

### CAUSES OF DEATH

29

Primary  
Tuberculosis of Peritoneum

How long *months*

Immediate *X. H. Gush*

How long  
Few chens

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

Accident or Suicide? *W*



Name  
in  
Full

*Daniel. Whitney*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

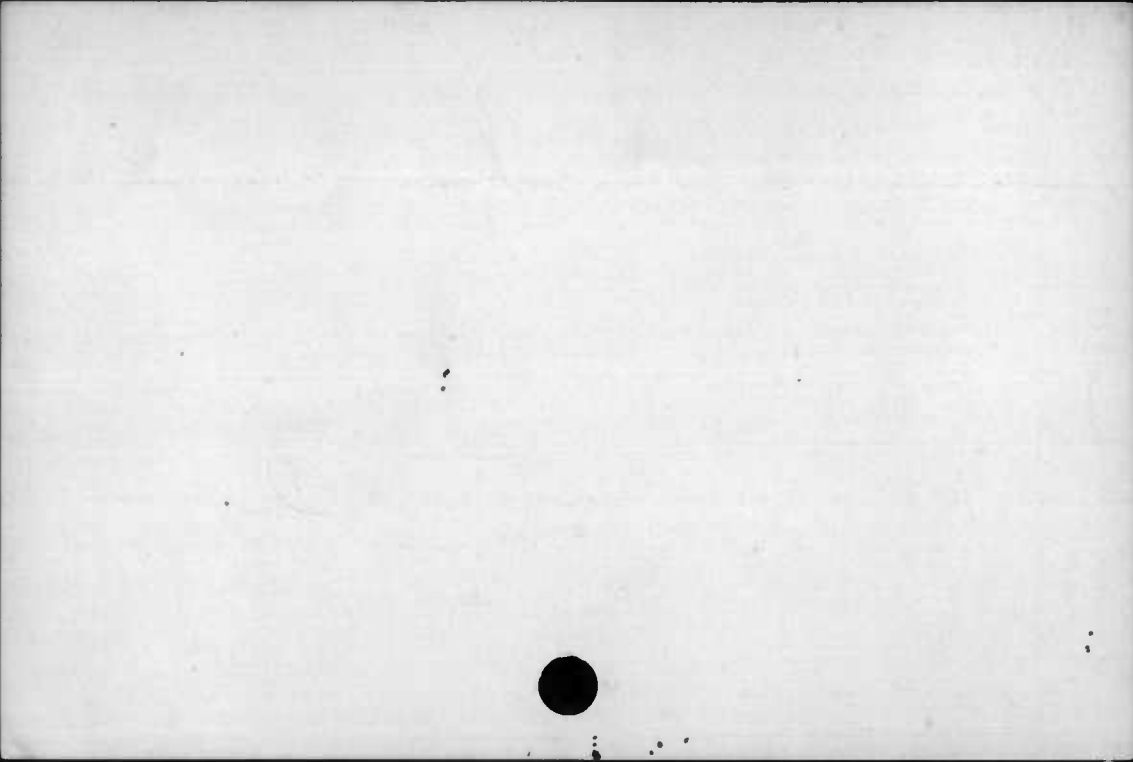
Died at <i>Westport</i> - Town		<i>Wicomico</i> County		MARYLAND	
Date of death	1908	Month	<i>March</i>	Day	<i>13</i>
Age		Years		Months	Days
<i>75</i>					
Sex	<i>Male</i>		Color or Race	<i>colrd</i>	
Birth-place	<i>Maryland</i>				
Occupation	<i>Mariner</i>		Where Residing if not at place of death.		
		<i>"</i>			
Married, Single or Widowed	<i>Widowed</i>		Name of Wife or Husband	<i>Unknown</i>	
Father's Name	<i>Seth Whitney</i>			Father's Birthplace	<i>"</i>
Mother's Maiden Name	<i>Charlotte Whitney</i>			Mother's Birthplace	<i>"</i>
Name of person giving information	<i>Gouis Conway</i>			How related to deceased	<i>Grandchild</i>

CAUSES OF DEATH

**27**

PHYSICIAN  
OR CORONER

Primary	<i>Bronchitis</i>	How long	<i>4</i>
Immediate	<i>Tuberculosis</i>	How long	<i>1/8 months</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>		
Signature of Physician	<i>J. B. Oday</i>		
Address	<i>Wicomico</i>		
Accident or Suicide?	<i>Yes</i>		



Name in Full		Mrs Emma Williams				CERTIFICATE OF DEATH	
Died at		Town Salisbury		County Wicomico		MARYLAND	
Date of death		1908	Month Mch.	Day 4th	Age 49	Months 2	Days 8
Sex Female		Color or Race White		Birth-place Worcester Co. Md.			
Occupation Housekeeper		Where Residing if not at place of death Pocomoke City Md.					
Married, Single or Widowed Widow		Name of Wife or Husband Charles Williams					
Father's Name James M. Brittingham		Father's Birthplace Worcester Co. Md.					
Mother's Maiden Name Elizabeth Shea		Mother's Birthplace " " "					
Name of person giving information Mrs. Alexine Melvin		How related to deceased Daughter					
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;"> <div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">42</div> </div>							
PHYSICIAN OR CORONER		Primary Cancer of uterus				How long 14 years	
		Immediate Hemorrhage shock				How long 1 hour	
		Are the name, age, sex, color, date and place correctly given above? Yes				Signature of Physician W. L. Davis	
		Address Salisbury Md					
		Accident or Suicide? No					

